

FILED OCT 3 1950
59148-50

STANDARD CERTIFICATE OF DEATH

30800

State File No.

BIRTH NO. <u>124-Reg# 306</u>		REG. DIST. NO. <u>157</u>	PRIMARY REG. DIST. NO. <u>3028</u>	Registrar's No. <u>164</u>
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Carthage</u> c. LENGTH OF STAY (in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Carthage</u> <u>1493</u> d. STREET ADDRESS (If rural, give location) <u>1029 Case St.</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) <u>LEE</u> c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept 8, 1950</u>	9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 24 HRS. Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Carthage, Mo.</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Harold S. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Ruth Murray</u>		14. NAME OF HUSBAND OR WIFE <u>----</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. S. Wilson, 1029 Case, Carthage, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Partial Premature Separation of Placenta</u> DUE TO (c) <u>of Placenta (Preliminary Ed.)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 weeks</u> <u>7-25</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>8-8</u> , 19 <u>50</u> , to <u>8-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/11</u> , 19 <u>50</u> , and that death occurred at <u>6:55</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> <u>0</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>9-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sep 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fasken Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Rte 1, Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-13-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-2-50
Jasper County Health Office

County File Number 50-9-696

Date Filed 10-2-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.